

FOR OFFICE USE ONLY

PERMIT NO \_\_\_\_\_

ISSUE DATE \_\_\_\_\_ ISSUED BY \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_

DENIED DATE \_\_\_\_\_ DENIED BY \_\_\_\_\_

PLEASE SEE CHADDS FORD TOWNSHIP FEE SCHEDULE FOR APPLICABLE FEES

# CHADDS FORD TOWNSHIP

10 Ring Road, Chadds Ford, PA 19317

Phone: (610) 388-8800 Fax: (610) 388-5057

E-mail: [info@chaddsfordpa.gov](mailto:info@chaddsfordpa.gov)

## CERTIFICATE OF USE AND OCCUPANCY APPLICATION

Application is hereby made to Lease: \_\_\_\_\_ or Purchase: \_\_\_\_\_ Date: \_\_\_\_\_

Property Street Address Being Leased or Purchased: \_\_\_\_\_

*Postal Address (Circle One):*

CHADDS FORD, PA 19317

GLEN MILLS, PA 19342

WEST CHESTER, PA 19382

*Building Type (Circle One):* COMMERCIAL - RESIDENTIAL

Parcel #: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Current Owner: \_\_\_\_\_

Owner Address (if different than property address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Buyer / Tenant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tenant Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Is there a change in Use? (Circle One):* YES - NO

If Yes, Explain the Description of the Proposed Use:

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\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date